PIH37
HEALTH STATUS AND QUALITY OF LIFE AMONG NURSES
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OBJECTIVES: The aim of the study was to reveal the health status, health behaviour and quality of life among the nurses working at University of Pécs. **METHODS:** 1449 health professionals at the Clinical Centre of the University of Pécs comprise the target group, from which 580 employees were choosen by stratified random sampling. The question groups of the standard self-edited questionnaire involve sociodemographic data, issues concerning the workplace and position, self-evalutation of the health status and health behaviour. χ2-test, ANOVA, and Kruskall-Vallis test were used with 95% probability level ($p<0.05$). SPSS version 22.0 program was applied for data analysis. **RESULTS:** The mean age was 40.5 years and 88.6% was women (n=413). The rate of persons smoking one pocket of cigarettes at least daily was higher with employees in workshifts ($p=0.029$) and nurses with lower school qualification ($p<0.001$). We measured the lowest values in the general health (mean: 60) and vitality (mean: 59) dimensions of quality of life. The highest value was measured in the physical function (mean: 88). Employees in workshifts ($p=0.039$), persons between 46-62 years of age ($p=0.014$), single persons ($p=0.021$), and persons with poor financial situation ($p<0.001$) showed significantly worse values in the general health dimension. Those persons visiting the doctors seven or more times in the previous year ($p<0,001$), having more than 3 chronic diseases ($p<0.001$), evaluating their health condition poor ($p<0.001$), and choosing 7 or more symptoms on the phsychosomatic scale ($p<0.001$) in all the eight dimensions scored significantly lower values. **CONCLUSIONS:** The quality of life among nurses is lower than that of the Hungarian healthly population. Revealing the problems and the health status of the employees may provide important information for the nursing management in order to promote the long-term maintenance of nurses' good health status and quality of life by organizational and support changes or options.

PIH38
REVIEW AND COMPARISON OF EQ-5D-3L VALUATION STUDIES
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OBJECTIVES: The aim of this study was to review existing EQ-5D-3L valuation studies and to analyse and compare methodology of the valuation and health preferences in different countries. **METHODS:** Five medical databases (PubMed, Scopus, The Cochrane Library, EMBASE and Polish Medical Library) were searched in May 2015. In the analysis only English-language reports of EQ-5D-3L valuation studies were included. Data extraction was performed on the basis of predefined checklist including for example: method of the study, number of persons included and number of valued health states. Extracted data, including, characteristics and scoring algorithms, was qualitatively and quantitatively analysed for every included valuation study. **RESULTS:** As the result of the literature search, 37 scoring algorithms were included in the analysis for 29 different countries (including Europe in general). Among them, as a method of valuation, the time trade off (TTO) and visual analogue scale (VAS) was used in 19 and 6 algorithms, respectively. Both TTO and VAS were used in 6 countries. Most studies included respondents from general population who were selected by random or quota sampling with use of face-to-face or postal surveys. The total number of valued health states varied from 7 to 198. The worst health state described as "33333" was valued from 0.340 in Sweden to -0.769 in Singapore. The largest utility decrements were associated with level 3 of mobility (in 17 of 25 countries with TTO and 8 of 12 countries with VAS). **CONCLUSIONS:** Utilities for the same health states differed among the countries. The method of valuation has potential impact on final set values. EQ-5D-3L valuation studies which were conducted to date vary in terms of the results of scoring algorithms. There is a need for further research on impact of the different utility values on cost-effectiveness analysis results.

PIH39
PATIENT-REPORTED OUTCOMES WITHIN HEALTH TECHNOLOGY ASSESSMENT DECISION MAKING: CURRENT STATUS AND IMPLICATIONS FOR FUTURE POLICY
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OBJECTIVES: In contrast to regulatory settings, research on using patient-reported outcome (PRO) data within health technology assessment (HTA) is limited. The objectives of this research were to: 1) document PRO guidance within HTA; 2) explore manufacturers' compliance with this; 3) understand the HTA body's acceptance of deviations from the guidance; and 4) identify areas of improvement within this process to close the gap between HTA and PRO research. **METHODS:** After identifying PRO-related guidance from the National Institute for Health and Care Excellence (NICE), documentation on new single technology appraisals (STAs) published throughout 2014 was reviewed to identify PRO data usage and its compliance with NICE's guidance. Reviews of existing STAs, and medical device STAs were excluded. PRO data supporting cost-effectiveness and clinical-effectiveness was explored. **RESULTS:** NICE published new guidance on 19 pharmaceutical products throughout 2014; 16 documented a recommendation. Regarding cost-effectiveness, PRO approaches mostly adhered to NICE guidance, with 87% of recommended STAs measuring health-related quality of life (HRQoL) using the EQ-5D. However, transparency regarding the valuation of HRQoL appears to be lacking; 52% of submissions did not provide the valuation method. Over half (62%) of recommended guidance documents cited PRO data to support clinical-effectiveness. Despite NICE guidance on outcome measures used to support clinical-effectiveness (requesting evidence of reliability or validity) this was only mentioned by the manufacturer for 25% of the measures used. Interestingly, neither the evidence review group nor committee made any comment regarding this disconnect. **CONCLUSIONS:** Although PRO data's role in supporting cost-effectiveness is clearly guided and adhered to, transparency issues remain. In contrast, clinical-effectiveness guidance is vague and compliance is very low which appears to be currently unrecognised as an issue. Therefore, a more stringent approach is needed when assessing PRO data within HTA, to ensure accurate measurement of treatment effectiveness to inform better decision making.

PIH40
CROSS-COUNTRY PROFILE OF ADULT CAREGIVERS
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OBJECTIVES: Estimates on the number of adult caregivers (CGs) vary in the literature. The aim of this analysis is to profile CGs across eight countries relative to non-caregivers (non-CGs) with respect to demographics, quality of life (QoL), CG burden, etc. **METHODS:** This analysis utilized cross-sectional data from the 2013 National Health and Wellness Survey (NHWS). Results from eight countries (US, France, UK, Germany, Italy, Spain, Japan, and urban China) were assessed. A stratified random sampling was used to ensure representativeness to the adult population (age 18 and over). NHWS asked adults if they are caring for an adult relative with a health condition, along with the Caregiver Reaction Assessment (CRA) questions. Comparisons were conducted by country to profile CG demographics, QoL, depressive symptoms (PHQ9), and CG burden relative to non-CGs. **RESULTS:** NHWS results showed adults in Spain (11.6%) and China (10.6%) were most likely to be CGs; adults in Japan were the least (4.9%). Alzheimer's disease/dementia was the top condition of the patients (except in China, where osteoarthritis ranked highest). Other notable conditions were: cancer, stroke, osteoarthritis, and bipolar disorder. Half of CGs were women, except in China (44% were women). Overall, CGs were younger than non-CGs (mean age = 44.1 yrs vs. 46.3 yrs), especially in China (CG mean age= 38.9 yrs). QoL scores (mental and physical, and SF6D) were lower among CGs vs. non-CGs. CGs had higher rates of moderate-severe depression (26.2%) based on PHQ-9 scores vs non-CGs (13.7%). One-third of CGs said activities centered around the patient; one-fourth said finances were strained. **CONCLUSIONS:** Family members assume important roles when caring for an adult relative, which may negatively impact their own well-being and finances. Profiling the differences of CG burden by country could help illustrate the need for interventions to minimize burden.

PIH41
EVALUATION OF INPATIENTS'SATISFACTION IN PAFOS GENERAL HOSPITAL, CYPRUS
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OBJECTIVES: To evaluate inpatients' satisfaction in Pafos General Hospital, Cyprus. **METHODS:** For data collection, the EPQPPS questionnaire (Expectations, Perceived Quality, Perceived Performance, Satisfaction) was used, which is standardized and validated into the Greek language. Sample selection was based on random sampling. The questionnaire was completed via personal interviews on the day of discharge, from January to May 2014. Student's t-test and analysis of variance have been performed in order to determine the significant differences between the dimensions and sociodemographic characteristics. **RESULTS:** 150 out of 170 questionnaires were fully completed and valid and thus included in the analysis. The majority were 51 years old and over; males represented 51% of the total sample. 74.3% declared free of any chronic health condition, whereas 71% were patients with at least one previous admission in the same hospital. More than half of the respondents (54.2%) visited this hospital because it is the only one in district; the majority (65.5%) were admitted urgently and 50.7% of them underwent a surgery, declaring easy accessibility. Patients' expectations were fulfilled in 97.2% of the cases. 91.3% of the patients expressed high overall satisfaction with medical and nursing care and the majority (75%) declared high performance. The mean value of perceived quality was 7 (S.D.1.3), which translates into 'satisfied'. There were no statistically significant differences regarding the overall satisfaction in relation to the sociodemographic characteristics and the admission in different wards ($p\geq0.05$). **CONCLUSIONS:** Although Pafos General Hospital is the unique public provider in this area, patients experience easy access and they are highly satisfied with the provision of inpatient care. Similar studies should be conducted for the assessment of the overall health sector performance in Cyprus.

PIH42
ENGAGING PATIENTS WITH E-CLINICAL TECHNOLOGY: INCORPORATING PATIENT PREFERENCES INTO DISEASE MANAGEMENT AND CARE
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OBJECTIVES: An important characteristic of successful healthcare and patient participation in clinical trials is strong communication between patients and their providers. Using electronic clinical (eClinical) technology can be one mechanism for achieving this goal. This study examined subject preference for physician communication and disease management using eClinical technology. **METHODS:** 413 subjects in the U.S. with type 2 diabetes (n=102), osteoarthritis (OA, n=104), chronic obstructive pulmonary disease (COPD, n=100), or depression (n=107) were surveyed as part of a mode equivalence study. Subjects answered questions regarding their level of familiarity and use of technology, as well as preference for using eClinical technologies to improve physician communication and disease management. **RESULTS:** Subjects were diverse in age, ethnicity, and technology use. 52% of subjects have a home computer and 45% own a smartphone. In all disease cohorts, the majority of subjects were interested in using electronic methods to interact more with their physicians between visits to help manage and treat their disease (diabetes: 82%, COPD: 82%, OA: 72%, depression: 70%). Of 4 different options for using eClinical technology (email, text, clinic visit scheduling, medication reminders), subjects with diabetes and OA were more likely to prefer email and text message